

Completion Report For Grant Year 2005

Authority: 1990 PA 345

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: (517) 241-6321 or Facsimile: (517) 241-6301				County of Grant #BCCFS 05 ____ MAIN Mail Code: Index: 02935 AOBJ: 1218 Federal I.D.					
FILL OUT AND SUBMIT THIS REPORT AFTER JULY 1, 2005, BUT NO LATER THAN FEBRUARY 28, 2006									
WORK PROGRAM CATEGORIES (ITEMS G, H, I AND J)				Column A	Column B		Column C		Column D (B- A)
NOTE: Provide a written narrative explaining the reason(s) for ANY difference in the corners completed versus the corners specified in the annual work program for items G, H, I & J, whether more or fewer or different corners were completed than were specified in your 2005 grant work program.				Number of Corners in Approved 2005 Work Program	Number of PHYSICAL Corners Completed <div style="display: flex; justify-content: space-around;"> 1st Report This Report </div>		Number of Corners Completed COMMON to Another Twp. <div style="display: flex; justify-content: space-around;"> 1st Report This Report </div>		Difference between Number of Corners Approved & Number Completed (+ Or -)
G	RESEARCH completed.								
H	MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter a record for each corner, including common corners, completed on your corner index database in each corresponding township. Submit records to the State on the web-based Corner Index System.								
STATE USE ONLY: Number of Records Received: _____ Total Number of 2005 LCRCs Received: _____									
I	Points with COORDINATES SET. Submit data that contains three-dimensional coordinates for NGRS stations and for all other stations or corners on the web-based Corner Index System.								
STATE USE ONLY: Number of Records Received: _____ Certification Received? YES _____ NO _____									
J	Existing CONTROL STATIONS RECOVERED. Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS web site. Include a paper copy for the State's records.								
STATE USE ONLY: Number of Mark Recovery Forms Received: _____									
FINAL PAYMENT REQUESTED: \$ _____ (EARNED PORTION OF THE STATE GRANT NOT PREVIOUSLY REQUESTED)									
We certify to the best of our knowledge and belief that this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant award/contract documents. We request the final payment of the 2005 grant amount <u>less the unearned portion</u> , if any.									
Original Ink Signature of County Grant Administrator					Original Ink Signature of County Representative				
Date					Date				
Maynard R. Dyer, P.S., Director, Office of Land Survey and Remonumentation					Date				

Completion Report For Grant Year 2005

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: (517) 241-6321 or Facsimile: (517) 241-6301	County of Grant #BCCFS 05__ __ MAIN Mail Code: Index: 02935 AOBJ: 1218 Federal I.D.
---	--

EXPENDITURE COMPLETION REPORT FOR GRANT YEAR 2005 Expenditures include state grant funds, county cash contribution and expedited funds, if any.

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Total Actual Expenditures For 2005 Grant Year (add G, H, I, J across). Enter below <u>and</u> on Page 3, under COLUMN "B"*	State Use Only
	Item G	Item H	Item I	Item J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)					*	
Contractual Survey Services (CSS)					*	
Supplies And Materials (S/M)					*	
Equipment (E)					*	
Administration (A)					*	
Actual 2005 Total Annual Expenditures (add Items G, H, I, and J down)	Item G	Item H	Item I	Item J	Total	
Approved 2005 Total Annual Project Budget						

*Total actual expenditures column on page 2 must be the same as column "B" on page 3

County Must Provide:

1. County Treasurer's printout (Account 245) detailing all activity of the grant
2. An invoice copy for all expenditures from the grant
3. S&W/Fringe/Overhead Breakdown of any other county costs

Completion Report For Grant Year 2005

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: (517) 241-6321 or Facsimile: (517) 241-6301	County of <div style="background-color: #cccccc; padding: 2px;"> Grant #BCCFS 05____ </div> <div style="background-color: #cccccc; padding: 2px;"> MAIN Mail Code: </div> <div style="background-color: #cccccc; padding: 2px;"> Index: 02935 AOBJ: 1218 </div> Federal I.D.
---	---

EXPENDITURE COMPLETION REPORT FOR GRANT YEAR 2005

Expenditures include state grant funds, county cash contribution and expedited funds, if any.

	Column A	Column B	Column C	
Work Program Expenditures By Line Item	Approved 2005 Budget Including Approved Amendments, If Any.	Total Actual Expenditures For 2005 Grant Year (From Page 2)	Difference Between Total Actual Expenditures And Approved Budget Including Approved Amendments, If Any (Column A - B = C) Indicate As + Or - Balance	State Use Only
Peer Group (PG)			1	
Contractual Survey Services (CSS)			1	
Supplies and Materials (S/M)			1	
Equipment (E)			1	
Administration (A)			1	
Total (Adding A, B & C Down)	Total Annual Project Budget	Total Actual Expenditures	Unexpended Portion of Total Annual Project Budget ²	

For Calculation By The County Grant Administrator (not including expedited county programs)

\$_____ (State Grant) **divided by** \$_____ (Total Annual Project Budget) **times**

\$_____ (Unexpended Portion of Total Annual Project Budget -- Column "C" above) **equals**

\$_____ Unearned Portion of Grant (remains in the State Survey & Remonumentation Fund)

Note: If the county has an approved expedited grant application for 2005, "Supplement A" must be completed.

1	If the difference for any line item or work program category exceeds 20% of the total annual project budget or \$10,000 (whichever is less), provide a narrative on a separate sheet of paper stating the reasons for the difference.
2	If the total actual expenditures are less than the approved total annual project budget, the difference must be returned to the State, prorated at the rate of the State/County ratio per the grant agreement.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.